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**FAX TRANSMISSION****DATE:** May 25, 2006**PTO IDENTIFIER:** Application Number 09/696754-Conf. #3113  
Patent Number**Inventor:** Bob LAMOUREUX et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** WILMER CUTLER PICKERING HALE AND DORR LLP

Irah H. Donner

**PHONE:** (212) 230-8800**Attorney Dkt. #:** 0026119.0136CUS1**PAGES (Including Cover Sheet):** 29**CONTENTS:**

Fee Transmittal (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment (23 pages)  
Transmittal (1 page)  
Applicant Initiated Interview Request Form (1 page)

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002/029

MAY 25 2006

PTO/SB/87 (09-04)

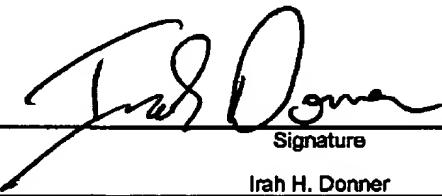
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Application No. (if known): 09/696754

Attorney Docket No.: 0026119.0136CUS1

**Certificate of Transmission under 37 CFR 1.8**

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on May 25, 2006  
Date

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Leah H. Donner

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Fee Transmittal (1 page)  
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MAY 25 2006

PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)**Complete if Known**

Application Number	09/696754-Conf. #3113
Filing Date	October 25, 2000
First Named Inventor	Bob LAMOUREUX
Examiner Name	J. A. Fischetti
Art Unit	3627
Attorney Docket No.	0026119.0136CUS1

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments			

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=	-	-	-

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

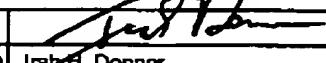
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,120	Telephone	(212) 230-8800
Name (Print/Type)	Ira H. Donner			Date	May 25, 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-6300, on the date shown below.

Dated: May 25, 2006

Signature:  (Ira H. Donner)

PTO/SB/21 (09-04)

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## TRANSMITTAL FORM

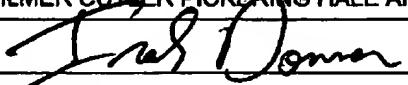
*(to be used for all correspondence after initial filing)*

		Application Number	09/696754-Comf. #3113
		Filing Date	October 25, 2000
		First Named Inventor	Bob LAMOUREUX
		Art Unit	3627
		Examiner Name	J. A. Fischetti
Total Number of Pages in This Submission		Attorney Docket Number	0026119.0136CUS1

### ENCLOSURES (Check all that apply)

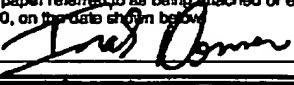
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Applicant Initiated Interview Request Form Fax cover sheet and Certificate of Facsimile Transmission
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Irak H. Donner		
Date	May 25, 2006	Reg. No.	35,120

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Dated: May 25, 2006

Signature: 

(Irak H. Donner)

PTOL-413A (09-04)  
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### Applicant Initiated Interview Request Form

Application No.: 09/696,754 First Named Applicant: Bob Lamoureux  
 Examiner: J. A. Fischetti Art Unit: 3627 Status of Application: Published

Tentative Participants:

(1) Irah Donner (2) Bob Lamoureux  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: TBD Proposed Time: TBD (AM/PM)

Type of Interview Requested:

(1)  Telephonic (2)  Personal (3)  Video Conference

Exhibit To Be Shown or Demonstrated:  YES  NO

If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1-10, 12, 59-</u> <u>67, 88</u>	<u>Bowman</u> <u>Milsted</u> <u>Lipkin</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continuation Sheet Attached

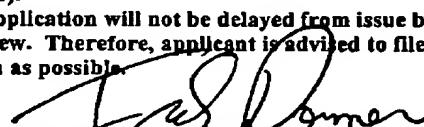
Brief Description of Arguments to be Presented:

Differentiation of present invention over the prior art

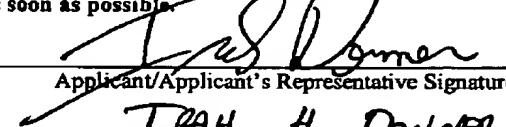
An interview was conducted on the above-identified application on \_\_\_\_\_.  
NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

  
 \_\_\_\_\_  
 Applicant/Applicant's Representative Signature

\_\_\_\_\_  
 Examiner/SPE Signature

  
 \_\_\_\_\_  
 Typed/Printed Name of Applicant or Representative

# 35 120  
 \_\_\_\_\_  
 Registration Number, if applicable